



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400001 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: BELLA'S REST. II INC.
 DOING BUSINESS AS BELLA'S RESTAURANT
 ADDRESS 933 HINGHAM ST.
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: BARNES, PATRICIA TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 1 FLOOR MAIN DINING ROOM, PRIVATE DINING ROOM, BAR AND LOUNGE AREA, LOBBY AND WAITING ROOM. RESTROOMS AND KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400002 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: 99 RESTAURANTS OF BOSTON LLC
 DOING BUSINESS AS NINETY NINE RESTAURANT
 ADDRESS 29 ACCORD PARK DRIVE.
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: LeCONTI, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 MICHAEL R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 ONE DINING ROOM, REDUCED SEATING CAPACITY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY: Individual, Partner or Authorized Corporate Officer

DATE: { TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:
 APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY
 By: _____

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400004 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: GTSB CORP.
 DOING BUSINESS AS GAMETIME SPORTS BAR & GRILL
 ADDRESS 365 CENTRE AVE.
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: BREWSTER, RICHARD A. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 ONE STORY BLDG. WITH KITCHEN, STORAGE ROOM, 2 MAIN ROOMS (BAR & RESTAURANT) CELLAR FOR STORAGE AND RESTROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:
 APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY
 By: _____

DATE: _____



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400005 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: OLD COLONY VFW POST # 1788 INC
 DOING BUSINESS A
 ADDRESS 22 CHURCH ST.
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: SPRAGUE,MARK TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol
 R.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 WOODEN BLDG. WITH MAIN FUNCTION ROOM, KITCHEN AREA, BASEMENT AND
 SECOND FLOOR CLUB ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:
 APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY
 By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400006 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: LINCHRIS HOTEL, CORP.
 DOING BUSINESS AS HOLIDAY INN ROCKLAND
 ADDRESS 929 HINGHAM ST.
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: FITZGERALD, KERI L. TYPE OF LICENSE: Innholder CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 5 STORY HOTEL, RESTAURANT, LOUNGE, BALLROOM, FUNCTION AND MEETING ROOMS,
 POOL AREA, 143 LODGING ROOMS, KITCHEN AND COFFEE SHOP.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:
 APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY
 By: _____

DATE: _____



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400010 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: W. COLLINS, INC
 DOING BUSINESS AS T.K.O. SHEAS
 ADDRESS 934 HINGHAM STREET
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: COLLINS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 WALTER W.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 95 SEAT DN RM LOUNGE AREA, KITCHEN RTRMS 2400 SQ.FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY

By: _____

DATE: _____



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400011

CITY OR TOWN ROCKLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: K.A.M. PIZZA, INC.

DOING BUSINESS AS THEMIS PIZZA

ADDRESS 488 MARKET ST.

CITY/TOWN: ROCKLAND

STATE: MA

ZIP CODE: 02370

MANAGER: KESARIS, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS. DINING AREA AND KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400012 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: FRATERNAL ORDER OF EAGLES,
 DOING BUSINESS A ROCKLAND AERIE 841
 ADDRESS 29 PARK ST.
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: MILAN, PAUL S. TYPE OF LICENSE: Club CATEGORY: All Alcohol
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 FOUR ROOMS IN BASEMENT AND THREE ROOMS ON FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY

By: _____

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400013 CITY OR TOWN **ROCKLAND**
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: C.P & .L., INC.
 DOING BUSINESS A **ROCKLAND GOLF COURSE**
 ADDRESS **276 PLAIN ST.**
 CITY/TOWN: **ROCKLAND** STATE: **MA** ZIP CODE: **02370**
 MANAGER: **LANZETTA, CHARLES P.** TYPE OF LICENSE: **Restaurant** CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY STEEL/WOOD FRAME CLUBHOUSE CONSISTING OF 14 ,192 SQ. FT. WITH BASEMENT STORAGE AREA. SECOND FLOOR TO HAVE OFFICES. FIRS T FLOOR 8700 SQ. FT. W/ LOUNGE AREA, GRILLE ROOM, DINING AREA, KITCHEN, PRO SHOP SCREENED PORCH,HANDICAPPED RESTROOMS WITH 5 EXITS. AREA BETWEEN 1-10

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400015 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: REILLY ENTERPRISE GROUP, INC
 DOING BUSINESS AS HOTEL THOMAS
 ADDRESS 167 UNION ST.
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: KELLY, BRENDA TYPE OF LICENSE: Innholder CATEGORY: All Alcohol
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400019 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: JKL RESTAURANT MNGEMENT INC.
 DOING BUSINESS A PLAYERS SPORTS BAR
 ADDRESS 86 V.F.W. PARKWAY
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: McLAUGHLIN, ROBERT J. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 ONE FLOOR WITH 4 ROOMS OF BAR/LOUNGE AND DINING AREA. KITCHEN, FUNCTION ROOM THAT INCLUDES A BAR, BRIDE'S ROOM AND NEW FUNCTION ROOM. 16X45 PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY: Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:
 APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY
 By: _____

DATE: _____



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400020 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: CORRIGAN RACQUETBALL CLUB, INC.
 DOING BUSINESS AS SOUTH SHORE RACQUET & FITNESS
 ADDRESS 406 VFW DRIVE
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: EKAS, MANCE TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 TWO STORY FACILITY, APPROX. 12,000 SQ. FT. CONSISTING OF 7 RACQUETBALL COURTS & LOUNGE LOCATED ON THE 2ND FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY

By: _____

DATE: _____



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400021 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: COLUMBIA SOCIAL CLUB OF ROCKLAND, INC.
 DOING BUSINESS A
 ADDRESS 440 WEBSTER ST.
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: Keaney, James P TYPE OF LICENSE: Club CATEGORY: All Alcohol
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 ONE AND A HALF STORY WOODEN BLDG. CELLAR IS USED FOR LOUNGE WITH SMALL KITCHEN FACILITY. MAIN FLOOR IS DANCE HALL, ATTIC FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400022 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: KAPADIA CORPORATION INC.
 DOING BUSINESS AS STATION LIQUORS
 ADDRESS 21 EAST WATER ST
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: PATEL, BINAL TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 ONE STORY BRICK BLDG ONE ROOM FOR SELLING, ATTIC AND CELLAR ROOMS FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400024 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: DIGBY NECK,INC.
 DOING BUSINESS A COTE' MAISON LIQUOR
 ADDRESS 347 MARKET ST
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: DAMON,EDWARD TYPE OF LICENSE:Package Store CATEGORY: All Alcohol
 P.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 ONE STORY BRICK BLDG., GLASS FRONT, MAIN ENTRANCE ON MARKET STREET,
 RECEIVING ON WEST SIDE AND EMERGENCY EXIT IN THE REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

Please Check Below:
 APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY
 By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400025

CITY OR TOWN **ROCKLAND**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **ASHISHAM CORP.**

DOING BUSINESS AS **UNION STREET PACKAGE**

ADDRESS **328 UNION ST**

CITY/TOWN: **ROCKLAND**

STATE: **MA**

ZIP CODE: **02370**

MANAGER: **PATEL,VINAYKU** TYPE OF LICENSE:**Package Store** CATEGORY: **All Alcohol**
MAR

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON STREET LEVEL. CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400026 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: DELUKES, INC
 DOING BUSINESS AS LUKES LIQUORS
 ADDRESS 167 MARKET ST
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: LUKE, DAVID W TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 ONE STORY BLDG. IN SHOPPING PLAZA. ONE FRONT ENTRANCE AND EMERGENCY EXIT ARE LOCATED ON THE NORTHWEST CORNER OF PREMISES ACCESS AND EXIT ARE OUT TO EXISTING PARKING LOT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400042 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: RON LOPES, LLC
 DOING BUSINESS AS MIKE'S PIZZERIA
 ADDRESS 312 UNION ST
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: LOPES, RON TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 PREMISES IS PART OF A ONE STORY BUILDING AND CONSISTS OF APPROX 2700SQFT WITH DINING AREA SEATING, KITCHEN, PREP AREA AND TWO RESTROOMS. ENTRANCE/EXITS AT FRONT AND REAR OF PREMISES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY: Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:
 APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY
 By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400044

CITY OR TOWN **ROCKLAND**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **M. SEAN INC.**

DOING BUSINESS A **TEDESCHI FOOD SHOP**

ADDRESS **474 MARKET ST.**

CITY/TOWN: **ROCKLAND**

STATE: **MA**

ZIP CODE: **02370**

MANAGER: **QUINN,
MATTHEW S.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400045 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: THCB, LLC
 DOING BUSINESS AS HARMON GOLF & FITNESS CLUB
 ADDRESS 168 CONCORD ST
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: Gibbons, Diane E. TYPE OF LICENSE: Club CATEGORY: All Alcohol
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 14, 000 SQ FT CLUBHOUSE. MAIN PORTION OF THE CLUB IS A RESTAURANT/GRILLE WITH SEATING CAPACITY OF 120 ALONG WITH A FULL SERVICE KITCHEN. PATIO AREA OUTSIDE THE GRILL ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400046 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: TONIA FERDMAN
 DOING BUSINESS AS TONIA'S DELI AND QUICK MART
 ADDRESS 246 EAST WATER STREET
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02370
 MANAGER: FERDMAN, TONIA TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 CONVENIENCE STORE & DELI ATTACHED TO A GAS STATION

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY: Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

Please Check Below:
 APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY
 By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400047 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: LILY CAFÉ INC.
 DOING BUSINESS AS CHINA PLAZA RESTAURANT
 ADDRESS 35 MARKET STREET
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02307
 MANAGER: MAI, LILY QING TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 HUA

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 2 STORY BLDG. W/ LOBBY, DINING ROOM, BAR & LOUNGE, BATHROOMS, KITCHEN AND
 BASEMENT STORAGE FACILITIES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:
 APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY
 By: _____

DATE: _____



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400048 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: SATYANARAYANA CHANDANA
 DOING BUSINESS A 7-ELEVEN
 ADDRESS 92 MARKET STREET
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02307
 MANAGER: CHANDANA, TYPE OF LICENSE: Package Store CATEGORY: Wine and
 SATYANARAYAN Malt Regular
 A

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2,400 SQ. FT. ON ONE FLOOR WITH ONE ENTRANCE & EXIT IN FRONT.
 INCLUDED ON THE PREMISE ARE FLOOR AND COOLER MERCHANDISE DISPLAY AREAS,
 A CHECKOUT COUNTER AND OFFICE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400049

CITY OR TOWN **ROCKLAND**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **EKAPOOM MERA**

DOING BUSINESS AS **TRIPLE NINE THAI RESTAURANT**

ADDRESS **100 MARKET STREET**

CITY/TOWN: **ROCKLAND**

STATE: **MA**

ZIP CODE: **02307**

MANAGER: **MERA, EKAPOOM** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SMALL RESTAURANT WITH 9 TABLES, 34 SEATS ALL ON THE GROUND

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400050 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: PAUL HURLEY
 DOING BUSINESS AS O'HURLEY'S PUB
 ADDRESS 363 UNION STREET
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02307
 MANAGER: HURLEY,PAUL TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 LOUNGE-DINING ROOMS...KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400051

CITY OR TOWN ROCKLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BUTTERFIELD'S RESTAURANT

DOING BUSINESS AS BUTTERFIELD'S RESTAURANT

ADDRESS 372 MARKET PLACE

CITY/TOWN: ROCKLAND

STATE: MA

ZIP CODE: 02307

MANAGER: FADER, LYNAE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT LOCATED IN RETAIL STRIP MALL

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400052 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: FAST LANE LIQUORS,INC.A
 DOING BUSINESS A FAST LANE LIQUORS & GROCERY NO.2
 ADDRESS 924-926 HINGHAM ST
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02307
 MANAGER: LILLANEY, SHIV TYPE OF LICENSE:Package Store CATEGORY: All Alcohol
 EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 RETAIL STORE LOCATED IN STRIP MALL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY

By: _____

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400054 CITY OR TOWN ROCKLAND
 APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
 CLASS YEAR
 LICENSEE NAME: TRES AMIGOS RESTAURANT LIMITED
 DOING BUSINESS A THREE AMIGOS RESTAURANT
 ADDRESS 323 UNION STREET
 CITY/TOWN: ROCKLAND STATE: MA ZIP CODE: 02307
 MANAGER: CERVANTES, MARIA TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:
 26 TABLES..1 BAR, FULL KITCHEN, WALK IN COOLER, OFFICE, 3 BATHROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY: Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
 (Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:
 APPROVED:
 DISAPPROVED:
 (If disapproved explain)

LOCAL LICENSING AUTHORITY
 By: _____

DATE: _____



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103400055

CITY OR TOWN **ROCKLAND**

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SHREE SWAMI CORP.**

DOING BUSINESS AS **E-Z- MART**

ADDRESS **339 CENTER AVENUE**

CITY/TOWN: **ROCKLAND**

STATE: **MA**

ZIP CODE: **02307**

MANAGER: **BHAVSAR,
YOGESH**

TYPE OF LICENSE: **Package Store**

CATEGORY: **Wine and
Malt Regular**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR PREMISES WITH FRONT AND REAR EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: